

410 848-2261, Fax 410 876-0865



## Date Received: \_\_\_\_\_

[illegible][illegible]

Street Address \_\_\_\_\_

Street	City	State	Zip
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**Mailing Address** \_\_\_\_\_

Street	City	State	Zip
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Home Telephone (     ) \_\_\_\_\_ Other Telephone: (     ) \_\_\_\_\_ ☐ Work ☐ Other (Specify) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact Person: Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ Source(s): ☐ TCA ☐ SSI ☐ Social Security ☐ Employed ☐ Other:

(Complete the next page and sign the application)

NAME ALL PERSONS WHO WILL BE LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF:

Last Name, First Name	Social Security Number	Date of Birth	Sex M/F	Disabled? Y/N	Relationship to Head of House	Monthly Income	Employer	Full Time Student?
					SELF			

ARE YOU OR ANYONE IN YOUR HOUSEHOLD PREGNANT? ☐ Yes ☐ No

ARE YOU HOMELESS? ☐ Yes ☐ No HAVE YOU BEEN REFERRED BY THE FAMILY UNIFICATION PROGRAM? ☐ YES ☐ NO

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN TERMINATED FROM PUBLIC OR ASSISTED HOUSING IN THE PAST 5 YEARS? ☐ Yes ☐ No

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN CONVICTED OF CRIMINAL ACTIVITY IN THE PAST 5 YEARS? ☐ Yes ☐ No

ARE YOU OR ANYONE IN YOUR HOUSEHOLD LISTED ON THE SEX OFFENDER REGISTRY? ☐ Yes ☐ No IF YES, WHO? \_\_\_\_\_

**CHECK THE BOX BELOW THAT APPLIES TO THE HEAD OF HOUSEHOLD:**

- ☐ Working at least 20 hours per week and receiving monetary compensation within the City of Westminster's Corporate boundaries and is verified and meet income requirements per HUD definition; or Persons who are currently enrolled in approved job training program within City of Westminster corporate limits. \* **Presently there are no approved Job Training programs that meet the criteria.**
- ☐ Lives within the City of Westminster's Corporate boundaries and meet income requirements per HUD definition; and/or.
- ☐ Persons who are elderly (age 62 or older) or have a disability.
- ☐ Persons who are living in a sponsored homeless shelter in the City and are receiving case management from the shelter programs sponsored by Human Services Programs of Carroll County
- ☐ Is a victim of domestic violence: *Domestic violence* means actual or threatened violence by a member of a household directed at him/herself or another member of his/her household. The domestic violence should have occurred recently or be of a continuing nature. The definition of recent for this purpose would mean within a six month period.
- ☐ None of the above

All adults over 18 years of age must sign application.

Signature-----Date-----

